State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

es 🕅

(CFA-4) Summary Sheet

FILE NUMBER

46-20-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new			
Committe to Elect bea Biloterbe	3. Committee Tel	enhone Number	
2. Acronym or Abbreviated Name (if any)	15	380-11	71
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if this is a new	v address.	50
5. City, State, ZIP Code	6. Party Affiliation	(if applicable)	
CANDIDATE INFORMATION (For Candidate's C	Committees Only	VALUE OF STREET	
No. 10.55 FOV. 1 (A No. 10.10.10.10.10.10.10.10.10.10.10.10.10.1	THE RESERVE OF THE PARTY OF THE	AND REAL PROPERTY.	Candidate
7. Full Name of Candidate (Include any nickname.)		or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Res	sidence	
TYPE OF REPORT	hara		CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other	- · · · · ·	☐ Pre-Conve	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	tement of Organization.)	Post-Conve	ention
12. Reporting Period (mm/dd/yy):		LUMN A	COLUMN B
From: $4-12-20$ Through: $5-16-2020$	Uh	s Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0,00	製質 樂園 机登记
14. Cash on hand and investments January 1, current year.	7000年197		
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	E THE STATE OF		
15a. Itemized (Use Schedule A.)		0,00	0.00
15b. Unitemized	TOTAL .	0,00	0,00
Tot. Add allow fee and fee in beat continue	TOTAL	0,00	0,00
10. Add lines to die too in obtain the line to the lin	TOTAL	0.00	0,00
. EXPENDITURES		物性協議。	大王的 ,
(Note: These amounts include in-kind expenditures and loan repayments.)	,		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0,00	0,00
17b. Unitemized	TOTAL	0.00	0,00
77C. Add lines 17d and		200	0.00
8. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	0,00
9. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)		V.OVI	CLERKS OFFICE
CERTIFICATION	以 数据	FOR	OFFICE USE ONLY
TIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO			AY 1 8 2020
Signature of Treasurer Emille Tre myer	Date (mm/do	-120	. 0 2020
Signature of Candidate (if applicable)	Date (mm/dd		Kenjuglehistock
Shill ~	1-17	DELERK OF I	A PORTE CIRCUIT

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

				FILE NUMBER
1. IS THIS AN AMENDMENT? Yes	No If Yes, please	enter the file nur	nber in this box.	→ 46-20-49
SECTION A. CANDIDATE INFORM	IATION: Fill in all a	pplicable boxes	as fully and ac	curately as possible.
2. Last Name First !	1 /	iddle Name	Nickname	3. Type of Committee (Check one)
Bilderback E	Izbiela		Ela	☐ Candidate's Principal Committee ☐ Exploratory Committee
4. Mailing Address (number and street, city, state, and ZIP co	ode	5. FAX (Option	al) 6.	E-mall Address (Optional)
1/27 Indiana	orve	()	6	ZLI .
7. City State	ZIP Code 8. Count	y 0 9.	Telephone (Day)	10. Telephone (Evening)
La Porte IN	46350 La	Porte 10	24 380-11	711()
11. Party Affiliation	10000	12. Office Sought (/	nclude district number, i	f any. Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☐ Republican ☐ Oth		Com	nty Rei	proles
			as fully and ac	curately as possible.
13. Full Name of Committee (Do not abbreviate.)	Check if this is a new nam	a Bilde	erback	
14. Mailing Address (number and street, city, state, and ZIP	code)	ew address. 15. FAX	Optional) 16	. E-mail Address (Optional)
1127 Indiana Ave		()	* s	
17. City State	ZIP Code 18. Coun	ty / 19	. Telephone	20. Committee Organization Date
10 kepte IN	46280 la 1	orte	219 300-11	7/ (mm/dd/yy) 3-23-20
21. Chairperson's Full Name Designate Candid	iate as Chairperson. C	heck if this is a new cha	irperson.	. /
21. Gilain person at all marine 7			* •	1
2. Mailing Address (number and street, city, state, and ZIP of	code) Check if this is a n	ew address. 23. FAX (Optional) 24.	E-mail Address (Optional)
1127 Indiana Av	e talone	IN 4635	2	- many sections (opening
25. City Post o State	ZIP Code 26. Coun	ty 27	Telephone (Day)	28. Telephone (Evening)
04 1012 119	40010 MA	Or C		
29. Bank or Other Depositories (List all banks or othe	r depositories in which the co	mmillee deposits lunus	, noius accounts, rems :	lately deposit boxes of maritans lands.
30. Exploratory Committee (Give brief statement explaining	purpose of an exploratory committee	e only.) 31. Salaries a		Will the committee pay the candidate a salary or
		reimbursemen	t for lost wages? If Yes,	attach a copy of the contract.) Yes No
SECTION C. APPOINTMENT OF TR	EASURER (IC 3-9-	1-14)		
32. I, as Chairperson of the foregoin			Signature of t	ne Committee Chairperson
committee, appoint the following person a	S Clabiot	a Bilder	Pall Fl	sel -
Treasurer of the Committee.	1 60,00		4 00	701
	- torres Charlett	bla la a naur transcritor		
33. Treasurer's Full Name Designate candidate	as treasurer.	this is a new treasurer.		
Elzbieta Bilolerba	ik		2 2 2	5 mail Address (Outstand)
Elzbieta Bildesba 34. Mailing Address (number and street, city, state, and ZIP c	ik	this is a new treasurer.	Optional) 36.	E-mail Address (Optional)
Elzbieta bildesba 34. Mailing Address (number and street, city, state, and ZIP of LIZ 7 Indiana Ave	ode) ☐ Check if this is a ne	w address. 35. FAX (
Elzbieta Bilolesba 34. Mailing Address (number and street, city, state, and ZIP or 112 / Indiana Ave 37. City P. State	Ode) ☐ Check if this is a ne	w address. 35. FAX (0	Telephone (Day)	40. Telephone (Evening)
Elzbieta Bilolesba 34. Mailing Address (number and street, city, state, and ZIP or III Indiana Ave 37. City B State	ode) ☐ Check if this is a ne	w address. 35. FAX (0		40. Telephone (Evening)
Elzbieta Bilderba 34. Mailing Address (number and street, city, state, and ZIP city 112 / Indiana Ave 37. City Ca Porte IM SECTION D. ACCEPTANCE OF API	Check if this is a new code) Check if this is a new code 38. Count Check if this is a new code code code code code code code code	w address. 35. FAX (6) (39. 39. (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Telephone (Day)	40. Telephone (Evening)
Elzbieta Bilderba 34. Mailing Address (number and street, city, state, and ZIP c Liz Indiana Ave 37. City SECTION D. ACCEPTANCE OF AP 41. I give notice that I accept the duties a	ZIP Code 38. Count Check if this is a new Size Code 38. Count Check if this is a new A count Check if this is a new Size Code 38. Count Check if this	w address. 35. FAX (6 () 39. (6 ()) () () () () () () () (Telephone (Day)	40. Telephone (Evening)
Elzbieta Bilderba 34. Mailing Address (number and street, city, state, and ZIP of Lix Thadiana Ave 37. City SECTION D. ACCEPTANCE OF AP 41. I give notice that I accept the duties a committee, I am not the chairperson of a	ZIP Code 38. Count Check if this is a new Size Code 38. Count C	w address. 35. FAX (6 () 39. (6 ()) () () () () () () () (Telephone (Day)	40. Telephone (Evening)
Elzbieta Billipa and Street, city, state, and ZIP of List Porte State IM SECTION D. ACCEPTANCE OF AP 41. I give notice that I accept the duties a committee. I am not the chairperson of a permitted for a candidate committee under IC	ZIP Code 38. Count ### Co	w address. 35. FAX (6 () 39. (6 ()) () () () () () () () (Telephone (Day)	Accepting Appointment
Elzbieta Billebaa 34. Mailing Address (number and street, city, state, and ZIP of Ling Ports 37. City SECTION D. ACCEPTANCE OF AP 41. I give notice that I accept the duties a committee. I am not the chairperson of a permitted for a candidate committee under IC SECTION E. CERTIFICATION OF S	ZIP Code 38. County Co	y 39. Y 39. Y 1-1-15) Treasurer of this mittee (except as	Telephone (Day) (A) BB 0 1/1 Signature of Perso	40. Telephone (Evening) 7/ () n Accepting Appointment FOR OFFICE USE ONLY
Elzbieta Billera and Street, city, state, and ZIP of Lix Porty State SECTION D. ACCEPTANCE OF AP 41. I give notice that I accept the duties a committee. I am not the chairperson of a permitted for a candidate committee under IC SECTION E. CERTIFICATION OF SIMPLE OF AP We certify as the candidate and the duly	ZIP Code 38. Count 2 38. Count 38. Count 38. Count 38. Count 38. Count 38. Count 39. Count	y 39. Y 39. Y 1-1-15) Treasurer of this mittee (except as	Telephone (Day) IN BB 0 1/ Signature of Perso EBC	A0. Telephone (Evening) In Accepting Appointment FOR OFFICE USE ONLY
34. Mailing Address (number and street, city, state, and ZIP of LA T LA	ZIP Code 38. Count 2 38. Count 38. Count 38. Count 38. Count 39. Count	w address. 35. FAX (0) 391-15) Treasurer of this mittee (except as	Telephone (Day) IN BB 0 1/ Signature of Perso EBC	40. Telephone (Evening) () n Accepting Appointment FOR OFFICE USE ONLY (e) F I L E D
34. Mailing Address (number and street, city, state, and ZIP of LA T LA	ZIP Code 38. Count 2 38. Count 38. Count 38. Count 38. Count 38. Count 38. Count 39. Count	w address. 35. FAX (0) 391-15) Treasurer of this mittee (except as	Telephone (Day) Signature of Perso And that we have omplete.	A0. Telephone (Evening) In Accepting Appointment FOR OFFICE USE ONLY
34. Mailing Address (number and street, city, state, and ZIP of Ling Ports State III SECTION D. ACCEPTANCE OF AP 41. I give notice that I accept the duties a Committee. I am not the chairperson of a permitted for a candidate committee under IC SECTION E. CERTIFICATION OF STATE We certify as the candidate and the duly examined this statement. To the best of our known and the statement of Chairperson Its its Bilderback	ZIP Code 38. Count Check if this is a new A check if this is a new A check if this is a new Check if this is a new	y 39. Treasurer of this mittee (except as of the Committee true, correct and con	Telephone (Day) Signature of Perso and that we have omplete. Date (mm/dd/yy)	40. Telephone (Evening) () n Accepting Appointment FOR OFFICE USE ONLY (e) F I L E D
34. Mailing Address (number and street, city, state, and ZIP of LA T LA	ZIP Code 38. Count 2 38. Count 38. Count 38. Count 38. Count 39. Count	y 39. Treasurer of this mittee (except as of the Committee true, correct and con	Telephone (Day) Chy BB 0 1/ Signature of Perso EBU and that we have omplete. Date (mm/dd/yy) 5-16-20	40. Telephone (Evening) () n Accepting Appointment FOR OFFICE USE ONLY (e) F I L E D
Elzbieta Bildelback 34. Mailing Address (number and street, city, state, and ZIP of Lix Tindiana Ave 37. City State 37. City State 37. City State 38. SECTION D. ACCEPTANCE OF AP 41. I give notice that I accept the duties a committee. I am not the chairperson of a permitted for a candidate committee under IC SECTION E. CERTIFICATION OF SWe certify as the candidate and the duly examined this statement. To the best of our known and the statement of Chairperson and the statement of Chairperson and the statement of Candidate 43. Typed or Printed Name of Candidate 143. Typed or Printed Name of Candidate 144. Typed or Printed Name of Candidate 145. Have been sequenced that any change in this in the statement of the statement	ZIP Code 38. Count Code 38. C	y 39. Y 39. Y 1-15) Treasurer of this amittee (except as true, correct and con	Telephone (Day) (A) 3B 0 11 Signature of Perso EBLE and that we have omplete. Date (mm/dd/yy) 516-70 change (IC 3-9-1-10).	40. Telephone (Evening) () In Accepting Appointment FOR OFFICE USE ONLY TO IN CLERKS OFFICE MAY 1 8 2020
34. Mailing Address (number and street, city, state, and ZIP of Ling Ports State III SECTION D. ACCEPTANCE OF AP 41. I give notice that I accept the duties a Committee. I am not the chairperson of a permitted for a candidate committee under IC SECTION E. CERTIFICATION OF STATE We certify as the candidate and the duly examined this statement. To the best of our known and the statement of Chairperson Its its Bilderback	ZIP Code 38. Count Check if this is a new of the company of the	y 39. -1-15) Treasurer of this mittee (except as of the Committee true, correct and con	Telephone (Day) Chy 3B 0 1/ Signature of Perso and that we have omplete. Date (mm/dd/yy) 5 16 - 20 Change (IC 3-9-1-10). Tails to file a complete of the complete of th	FOR OFFICE USE ONLY IN CLERKS OFFICE MAY 1 8 2020



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

.STRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) **Summary Sheet**

FILE NUMBER 46-20-49 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

> Karyen Chiaback OF LA PORTE CIRCUIT COURT

COMMITTEE INFORMATION	LINE SHOW OF PARTY STREET FOR LAND
1. Full Name of Committee (as on Statement of Organization)	ame
Committee to Fleat Ela Bilderback	
2. Acronym or Abbreviated Name (if any)	Committee Telephone Number
	(219) 380-1171
	eck if this is a new address
1127 Indiana Ave	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
La Porte, IN 46350	Kepublican
CANDIDATE INFORMATION (For Candidate's Co	
7. Full Name of Candidate (include any nickname)	Party Affiliation or If Independent Candidate
Etzbieta (Ela) Bilderback	Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) La Porte County Recorder	10. County of Residence
TYPE OF REPORT	CONVENTION CANDIDATES ONLY
11. Check one:	Check one:
☐ Pre-Primary ☑ Pre-Election ☐ Annual ☐ Nomination ☐ Other	Pre-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of C	Organization) Post-Convention
Reporting Period:	COLUMN A COLUMN B
From: 4-11-20 Through: 10-9-20	This Period Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	0
14. Cash on hand and investments January 1, current year.	0
CONTRIBUTIONS AND RECEIPTS	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	112550 1125
15a. Itemized (use Schedule A) 15b. Unitemized	1135.50 1135.00
15c. Add lines 15a and 15b in both columns SUBTO	0,00 0,00
	11 03.30 11 00 010
EXPENDITURES	OTAL (135.50 1135.80
(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	706.80 706.50
17b. Unitemized	0.00 0.00
17c. Add lines 17a and 17b in both columns SUBT	TOTAL 706,50 706,50
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 429.00 429.00
19. Debts OWED BY the committee (use Schedule D)	0.00
20. Debts OWED TO the committee (use Schedule E)	0.00
CERTIFICATION	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	
	Date
Signature of Treasurer EBclolerboul Signature of Candidate (if applicable)	10-14-20 0CT 16 2020
oignature of curialate (ii applicable)	Date 0CT 16 2020
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (I	(IC 3-9-4-5) A person who knowingly
	te report as required by the Indiana

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18).



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
19-				
Page	l	of	# 3	3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Roper & Linda Galloway	Contributions: Direct In-Kind (describe)	\$100.00	\$100,00	9-15-20
688 Tecumson St LP. IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)		2 S = S =	EB'ldsback
Contributor's Occupation (if required)	Contributions:	40000	4050	9-14-20
2 Gary & Sandra Ashby 1421 Indiana Ave LP. IN 46350	In-Kind (describe)	\$25.00	325.00	
	Other Receipts: Interest Loan Miscellaneous (specify)	s	a 8	EBilderback
3. Ronald Schafer 1566 F. Glacier Brod	Contributions: X Direct In-Kind (describe)	\$100,00	\$100,00	9-17-20
1566 E. Glacier Brid La Porte, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	er 	× *	Ebildorack
* Michael & Dorothy Rosenbaum 1515 Indiana Ave	Contributions: Direct In-Kind (describe)	\$100.00	\$100.00	9-20-20
1515 Indiana Ave LP. IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)		8	EBilderback
5-Leigh & Maraia Morris 424 Upper Lake ShoreD LP. IN 46350	Contributions: Direct In-Kind (describe)	\$50.00	\$50.00	9-24-20
LP. IN46350	Other Receipts: Interest Loan Miscellaneous (specify)			E.Bilderball
Contributor's Occupation (if required)		. 225		
	HIS PAGE OF SCHEDULE A	\$ 375.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	15a of the Summary Sheet)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, retunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUME	BER	
3777 - 44,1-				
				_
Page _	2	of	A 3_	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Timothy J. Stabosz	Contributions: C. Direct	\$250.00		9-26-20
Timothy J. Stabosi 1501 Michigan Ave	In-Kind (describe)			EBilderback
LP. IN 46350			2.1 0 8 0 8	Condenda de la concentra de la
Lr. 111 4033	Other Receipts:			
	Miscellaneous (specify)			
			in the state of th	
Contributor's Occupation (if required)	Contributions:			
Timothy S. Stabosz 1501 Machigan Ave LP. IN 46350	Direct		E. T	10-9-20
1501 machigan Ave	Pages Ad	4250.00	\$500 m	\$ EBilolopal
LP. IN 46350	Other Receipts:	\$ 030.00	procipo	9 Elsa Colossace
	Interest Loan			
	Miscellaneous (specify)		P. C. T.	
Contributor's Occupation (if required)				
* Elzbiet Bilderback	Contributions: Direct	\$160,50	in any series of	9-22-20
1127 Indiana tre	In-Kind (describe)	4100100	1	9-12-20 EBildybark
			# ·	Esildsball
LP. IN 46350	Other Receipts: Interest Loan			
	Miscellaneous (specify)	į	of the state of th	
Contributor's Occupation (if required)			5. D	
4.	Contributions:			
	In-Kind (describe)		***	
			-	
	Other Receipts:			
	Miscellaneous (specify)		10 0 4	İ
Contributor's Occupation (if required)	Name and the own days are also that the same	-	## 1 P P P P P P P P P P P P P P P P P P	
5.	Contributions:			
	Direct In-Kind (describe)			
	L In-rand (describe)	ĺ		
	Other Receipts:		1	
	Interest Loan Miscellaneous (specify)		*	
			-	
Contributor's Occupation (if required)		1.160-00		
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$ 6 6000 50		
	A UN THE LAST PAGE UNLT	5 DORFEE		1-11-2-1-11-11-1



State Form 4606 (R15 / 5-19) Jiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

		FILE	NUMB	ER	
1			: 12 P		
P	age	3	_ of _	3	

party sommittee):				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. Committee to Elect.	Contributions:	\$100,00	\$100.00	9-30-20 EBilderba
Committee to Elect Pichard J. Mrozinski 2303 E 150 N	n-Kind (describe)	8	a et e	EBilderba
4P. IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	5 S		R x sa
8 s a 1		4		r r
2.	Contributions: Direct In-Kind (describe)		2	F 84
	Other Receipts: Interest Loan Miscellaneous (specify)	si -		0
*		175 48	N	
3.	Contributions: Direct In-Kind (describe)	·	6	e =
	Other Receipts: Interest Loan Miscellaneous (specify)	W a	v	
	Contributions:			
4.	Direct In-Kind (describe)	5 " E		3
	Other Receipts: Interest Loan Miscellaneous (specify)		¥	
	I wiscellaneous (specify)		9	
5.	Contributions: Direct In-Kind (describe)	18	E E	
	Other Receipts:	к 5	6.	8
	Miscellaneous (specify)		F	
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 100,00		
TOTAL OF ALL BACES OF SCHEDULE	ON THE LAST BACE ONLY	1125 50		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

'STRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this shedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER						
Page						

			WATER BY		
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXI ENDITORE
media (WCOE) 1700 Lincolnway LP. IN 46350	Radio Station	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	189.00		10-9-20
WEFM 1903 Springland MC, IN46360	Radio Station	Direct	250,00		10-9-20
Avts Inc. 1824 E. Michigan Blvd. 1824 Creek 46360	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	160.50		9-22-20
code A Vista Print	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	22.00		9-15-21
La Crosse, IN 46348	Nows paper	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	87.00		9-25-20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$706.50		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$706.50		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X N

(CFA-4) Summary Sheet

FILE NUMBER

410-20-49

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		Paralle Line M. IX	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new			
Committee to Fleet Ela Bilderback			
Acronym or Abbreviated Name (If any)	3. Com	mittee Telephone Number	71
	101	9)380-117	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if th	is is a new address.	
5. City, State, ZIP Code		Affiliation (if applicable))
La Porte , IN 4 6 350		epublican	
CANDIDATE INFORMATION (For Candidate's C	_		美国民主义
7. Full Name of Candidate (Include any nickname.) Elzbieta (Ela) Bilderback	8. Party	Affiliation or If Independen	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		inty of Residence	
La Porta County Reworder	1	aporte	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	100000000
Final / Disbands Committee (Lines 18, 19, and 20 must be '0'.) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Org	anization.)	vention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B
From: 10-10-20 Through: 12-31-20		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		429,00	
14. Cash on hand and investments January 1, current year.			429,00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			The Manual of
•		12000	020 - 0
15a. Itemized (Use Schedule A.)		230.00	00
15b. Unitemized	TOTAL	0.00	220
	TOTAL		000
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	657100	659 00
EXPENDITURES	1.5/50		
(Note: These amounts include in-kind expenditures and loan repayments.)		1170 00	47
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		470.00	470,00
17b. Unitemized 17c. Add lines 17a and 17b in both columns. SUE	STOTAL	0.00	ا صم م
		470.00	470.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	189.00	189,00
19. Debts OWED BY the committee (Use Schedule D.)		0100	直接 表现 经
20. Debts OWED TO the committee (Use Schedule E.)		0.00	
CERTIFICATION	STATE OF	FERRINA STATE OF	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS			ILED
Signature of Treasurer Figure Wesuser	100	Date (mm/dd/fy) 1-19- ZO IN	CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/yy)	
Vailales	//0.00.15	1-19-20 J	AN 2 0 2021
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-8)	ate report as	s required by the Indiana	
Company 11 mando Latt Commind a Class & micromission, (10 C-17-1-17) and may be doubled to drift politimos. (10 C-1	,100	1	flaore Stevens
		CLERK OF	LA PORTE CIRCUIT COUR



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMBI	ER	
Page	1	of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1º Pam Ruminski 1809 Indiana Ave LP. IN 46350	Contributions: X Direct	30.00	30,00	10-30-20
Contributor's Occupation (if required)	Contributions:			
	In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Convention (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				Burney Co.
	THIS PAGE OF SCHEDULE A	\$ 30.00		
TOTAL OF ALL PAGES OF SCHEDULE I	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	• 30.733		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page_	2	of	3		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Horizon Bank 710 Indiana Ave	Contributions:	200,00	200,00	EBilderbou
Facilizan Salies	In-Kind (describe)	0. 1		& Bildo bou
710 Indiana Ave	Other Benefits			-
LP. IN 46350	Other Receipts:			
00, 1, 1, 1, 0, 0, 0, 1	Miscellaneous (specify)			
2.	Contributions:			
2	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)		_	
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
4.	Contributions:			
	☐ In-Kind (describe)			
* 1	Other Receipts:	5		
	Miscellaneous (specify)			
5.	Contributions:			
•	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
P	Li miscenarious (specify)			aircean Marke
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 200 m		
TOTAL OF ALL PAGES OF SCHEDULE		\$ 200.00 \$ 230.00		
(Enter total on ITEN	1 15a of the Summary Sheet.)	450,00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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FILE NUMBER					
Page_	3	of	3		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)	
WEFM 1903 Springland	Ladio Station	Direct In-Kind Payment of Debt Returned Contribution	190.00		10-26-	20
mc. in 46360	Reworder	OtherPurpose:				
Code_ Code (Use of)	Karasa sa	Direct In-Kind Payment of Debt Returned Contribution Other	2.5		1	
LP. 17 11 2570 .	Lange Y	Purpose:	4			
meorial (WCOE)	Radio Station	Direct In-Kind Payment of Debt Returned Contribution	162.00		10-31-	21
1700 Lincolnway	Recorder Rapido station	OtherPurpose:				
media (WLOI)		Returned Contribution	118.00		10-31-	2
1700 Lincom way LP. IN 46350	Recorder	Other				
Code		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ □ Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		=		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
	SUBTOTAL THIS PAG		\$ 470.90		J. Harris	
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of to		\$			